VOUCHER INSTRUCTIONS

EXTENSION REQUEST VOUCHER

To be used by a corporation for requesting an automatic six (6) month extension of time for filing a Rhode Island Corporation Tax Return (RI-1120)

TO BE EFFECTIVE:

- 1. Payment of the full amount of the tax reasonably estimated to be due must be submitted with the request.
- 2. This form must be completed and filed before the date prescribed for payment of the tax.
- 3. This form must be signed by a person authorized to represent the corporation in this matter.

NOTE:

The extension of time is limited to:

1. The date requested, or

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Officer or Agent

2. The date on which a certificate of good standing is required to be issued, whichever is earlier.

STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811	DUE WITH RETURN
TEMPORARY	Here is lieu of averyinted courses booklet
NAME	Use in lieu of preprinted coupon booklet For Calendar Year Or Taxable Year Beginning And Ending
ADDRESS CITY STATE ZIP 1120DWR	
TAXPAYER IDENTIFICATION #	AMOUNT PAID AS EXTENSION REQUEST AMOUNT DUE WITH
I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.	RETURN FILING
Signature of Officer or Agent	AMOUNT \$ ENCLOSED \$
STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811	AUTOMATIC SIX MONTH EXTENSION REQUEST
TEMPORARY	Use in lieu of preprinted coupon booklet
NAME	For Calendar Year Or Taxable Year Beginning And Ending
CITY STATE ZIP 7004	ESTIMATED TAX CURRENT YEAR
TAXPAYER IDENTIFICATION #	AMOUNT PAID AND CREDITED TO DATE AMOUNT PAID AS EXTENSION REQUEST

AMOUNT ENCLOSED